

Wan Siu 4/8/29

Connecticut Department of Public Health

EHS-108 Rev. 2/16/23

Risk Category: 3		Food Establishment Inspection Report		Page 1 of 2	
Establishment type: Permanent Temporary Mobile Other		Date: June 11, 2025			
Establishment: Taste of Jay		Time In: 1:05 AM/PM Time Out: 5:40 AM/PM			
Address: 15 Center St.		LHD: N/A			
Town/City: Shelton #5395		Purpose of Inspection: Routine Pre-op			
Permit Holder		Reinspection Other			
<b>FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS</b>					
<i>Risk factors</i> are important practices or procedures identified as the most prevalent contributing factors of foodborne illness or injury. <i>Interventions</i> are control measures to prevent foodborne illness or injury.					
Mark designated compliance status (IN, OUT, N/A, N/O) for each numbered item IN=in compliance OUT=not in compliance N/A=not applicable N/O=not observed					
P=Priority item Pf=Priority foundation item C=Core item V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
IN OUT N/A N/O		Supervision		IN OUT N/A N/O	
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Person/Alternate Person in charge present, demonstrates knowledge and performs duties	Pf	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Certified Food Protection Manager for Classes 2, 3, & 4	C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Employee Health		IN OUT N/A N/O	
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Management, food employee and conditional employee; knowledge, responsibilities and reporting	P/Pf	<input checked="" type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper use of restriction and exclusion	P	<input checked="" type="checkbox"/>
5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Written procedures for responding to vomiting and diarrheal events	Pf	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Good Hygienic Practices		IN OUT N/A N/O	
6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper eating, tasting, drinking, or tobacco products use	P/C	<input checked="" type="checkbox"/>
7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No discharge from eyes, nose, and mouth	C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Preventing Contamination by Hands		IN OUT N/A N/O	
8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hands clean and properly washed	P/Pf	<input checked="" type="checkbox"/>
9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	No bare hand contact with RTE food or a pre-approved alternative procedure properly followed	P/Pf/C	<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate handwashing sinks, properly supplied/accessible	Pf/C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Approved Source		IN OUT N/A N/O	
11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food obtained from approved source	P/Pf/C	<input checked="" type="checkbox"/>
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food received at proper temperature	P/Pf	<input checked="" type="checkbox"/>
13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food in good condition, safe, and unadulterated	P/Pf	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required records available: molluscan shellfish identification, parasite destruction	P/Pf/C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Protection from Contamination		IN OUT N/A N/O	
15	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food separated and protected	P/C	<input checked="" type="checkbox"/>
16	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food-contact surfaces: cleaned & sanitized	P/Pf/C	<input checked="" type="checkbox"/>
17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper disposition of returned, previously served, reconditioned, and unsafe food	P	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Time/Temperature Control for Safety		IN OUT N/A N/O	
18	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooking time and temperatures	P/Pf/C	<input checked="" type="checkbox"/>
19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper reheating procedures for hot holding	P	<input checked="" type="checkbox"/>
20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling time and temperatures	P	<input checked="" type="checkbox"/>
21	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper hot holding temperatures	P	<input checked="" type="checkbox"/>
22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cold holding temperatures	P	<input checked="" type="checkbox"/>
23	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper date marking and disposition	P/Pf	<input checked="" type="checkbox"/>
24	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Time as a public health control: procedures and records	P/Pf/C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Consumer Advisory		IN OUT N/A N/O	
25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Consumer advisory provided: raw/undercooked food	Pf	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Highly Susceptible Population		IN OUT N/A N/O	
26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized foods used; prohibited foods not offered	P/C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Food/Color Additives and Toxic Substances		IN OUT N/A N/O	
27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food additives: approved and properly used	P	<input checked="" type="checkbox"/>
28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toxic substances properly identified, stored & used	P/Pf/C	<input checked="" type="checkbox"/>
IN OUT N/A N/O		Conformance with Approved Procedures		IN OUT N/A N/O	
29	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Compliance with variance/specialized process/ROP criteria/HACCP Plan	P/Pf/C	<input checked="" type="checkbox"/>
<b>GOOD RETAIL PRACTICES</b>					
<i>Good Retail Practices</i> are preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.					
Mark OUT if numbered item is not in compliance V=violation type Mark in appropriate box for COS and/or R COS=corrected on-site during inspection R=repeat violation					
OUT N/A N/O		Safe Food and Water		OUT N/A N/O	
30	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Pasteurized eggs used where required	P	<input checked="" type="checkbox"/>
31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Water and ice from approved source	P/Pf/C	<input checked="" type="checkbox"/>
32	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Variance obtained for specialized processing methods	Pf	<input checked="" type="checkbox"/>
OUT N/A N/O		Food Temperature Control		OUT N/A N/O	
33	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Proper cooling methods used; adequate equipment for temperature control	Pf/C	<input checked="" type="checkbox"/>
34	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plant food properly cooked for hot holding	Pf	<input checked="" type="checkbox"/>
35	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Approved thawing methods used	Pf/C	<input checked="" type="checkbox"/>
36	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Thermometers provided and accurate	Pf/C	<input checked="" type="checkbox"/>
OUT N/A N/O		Food Identification		OUT N/A N/O	
37	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food properly labeled; original container	P/C	<input checked="" type="checkbox"/>
OUT N/A N/O		Prevention of Food Contamination		OUT N/A N/O	
38	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Insects, rodents, and animals not present	Pf/C	<input checked="" type="checkbox"/>
39	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contamination prevented during food preparation, storage & display	P/Pf/C	<input checked="" type="checkbox"/>
40	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Personal cleanliness	Pf/C	<input checked="" type="checkbox"/>
41	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Wiping cloths: properly used and stored	C	<input checked="" type="checkbox"/>
42	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Washing fruits and vegetables	P/Pf/C	<input checked="" type="checkbox"/>
OUT N/A N/O		Proper Use of Utensils		OUT N/A N/O	
43	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	In-use utensils: properly stored	C	<input checked="" type="checkbox"/>
44	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Utensils/equipment/linens: properly stored, dried, & handled	Pf/C	<input checked="" type="checkbox"/>
45	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Single-use/single-service articles: properly stored & used	P/C	<input checked="" type="checkbox"/>
46	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Gloves used properly	C	<input checked="" type="checkbox"/>
OUT N/A N/O		Utensils and Equipment		OUT N/A N/O	
47	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Food and non-food contact surfaces cleanable, properly designed, constructed, and used	P/Pf/C	<input checked="" type="checkbox"/>
48	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Warewashing facilities: installed, maintained and used; cleaning agents, sanitizers, and test strips available	Pf/C	<input checked="" type="checkbox"/>
49	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Non-food contact surfaces clean	C	<input checked="" type="checkbox"/>
OUT N/A N/O		Physical Facilities		OUT N/A N/O	
50	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Hot and cold water available; adequate pressure	Pf	<input checked="" type="checkbox"/>
51	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Plumbing installed; proper backflow devices	P/Pf/C	<input checked="" type="checkbox"/>
52	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Sewage and waste water properly disposed	P/Pf/C	<input checked="" type="checkbox"/>
53	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Toilet facilities: properly constructed, supplied, & clean	Pf/C	<input checked="" type="checkbox"/>
54	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Garbage and refuse properly disposed; facilities maintained	C	<input checked="" type="checkbox"/>
55	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Physical facilities installed, maintained, and clean	P/Pf/C	<input checked="" type="checkbox"/>
56	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Adequate ventilation and lighting; designated areas used	C	<input checked="" type="checkbox"/>
OUT N/A N/O		Natural rubber latex gloves not used per CGS §19a-36f		OUT N/A N/O	
OUT N/A N/O		Violations documented		OUT N/A N/O	
OUT N/A N/O		Date corrections due		OUT N/A N/O	
OUT N/A N/O		#		OUT N/A N/O	
OUT N/A N/O		Priority Item Violations		OUT N/A N/O	
OUT N/A N/O		Priority Foundation Item Violations		OUT N/A N/O	
OUT N/A N/O		Core Item Violations		OUT N/A N/O	
OUT N/A N/O		Risk Factor/Public Health Intervention Violations		OUT N/A N/O	
OUT N/A N/O		Repeat Risk Factor/Public Health Intervention Violations		OUT N/A N/O	
OUT N/A N/O		Good Retail Practices Violations		OUT N/A N/O	
OUT N/A N/O		Requires Reinspection - check box if you intend to reinspect		OUT N/A N/O	
Permit Holder shall notify customers that a copy of the most recent inspection report is available.					
Person in Charge (Signature)		Date		Person in Charge (Signature)	
Person in Charge (Printed)		Date		Person in Charge (Signature)	
Inspector (Signature)		Date		Inspector (Signature)	
Inspector (Printed)		Date		Inspector (Signature)	
Appeal: The owner or operator of a food establishment aggrieved by this order to correct any inspection violation identified by the food inspector or to hold, destroy, or dispose of unsafe food, may appeal such order to the Director of Health, not later than forty-eight hours after issuance of such order.					





STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH

Distribution: 1st - White - Health Department      2nd - Yellow - Owner/Manager